

kidney. An inspection of the interior of the bladder showed the mucus membrane normal, except the part directly around the opening of the right urethral orifice; here a marked hyperemia was seen. The urethral catheter was passed directly into the pelvis of the kidney and the urine, tinged with blood, collected in a test tube, to be subsequently examined. The presence of blood in the urine after catheterizing the pelvis of the kidney is suggestive of some form of pyelitis. In case of suspected stone, the end of the catheter is tipped with wax, which, if impinged upon stone in the kidney, is marked by the rough edges. In this manner the presence of stone in the pelvis of the kidney is easily determined. Irrigation of the pelvis of the kidney is done by forcing sterilized water through the catheter inserted directly into the pelvis; the return current is around the catheter, back into the bladder. Dr. Kelly instanced several cases of pyelonephritis, in which great benefit was derived from such irrigations. In case of obscure abdominal pain, in which the kidney is suspected as the offending organ, Dr. Kelly injects sterilized water into the pelvis of the kidney with sufficient force to bring on nephritic colic. If the pain thus caused is identical with that previously experienced by the patient, a diagnosis of kidney trouble is made. Once this method failed, the patient stating that the artificial colic was identical with the usual pain; while an abdominal section showed a normal kidney attached to a diseased gall bladder. The diagnosis and treatment of diseases of the bladder and kidneys has, by the ingenuity and ability of Dr. Kelly, been brought to a satisfactory degree of exactness. To see this work is worth a visit to Baltimore. The profession will await with interest the appearance of Dr. Kelly's book on diseases of the urinary tract.

CASE 5.—Elephantiasis of clitoris and labial mucoræ, with ulceration of anterior two-thirds of urethra, of syphilitic origin. The mass removed measured seven inches in length by two and a half in width; urethra to be repaired by plastic operation at a later stage. The distinctive points of interest in this clinic are: the use of rubber gloves by the operator and assistants; the frequent use of the Trendelenburg position and electric hand-lamp, and the enema of two ounces of whiskey with one quart of saline before the patient leaves the operating table; and, lastly, not less than his skill, the genial nature of Dr. Kelly and the kind consideration with which he treats his assistants, the patient and visitors.

APRIL 10TH.

CASE 1.—Complete perineal tear, involving both sphincters; objective points: to restore to normal condition and to normal function. In the retraction of the sphincter muscle after laceration, there are usually little depressions, or whirls of tissue, that